

Department of
Veterans Affairs

MEMORANDUM

Date posted _____ Initials _____

December 19, 2002

Chief, Policy and Compliance Division

Transmittal #50 CHAMPVA Policy Manual

See Transmittal Distribution List

1. Explanation of changes and related index updates of the CHAMPVA Policy Manual and filing instructions are in the following summary:

<u>SUMMARY</u>	<u>REMOVE</u>		<u>INSERT</u>	
	<u>C-S</u>	<u>Pages</u>	<u>C-S</u>	<u>Pages</u>
<u>Chapter 2, Section 2.6</u> , <i>Silicone or Saline Breast Implant Removal</i> . Removes USC and TRICARE references and under Policy provides an example for systemic infection and provides examples of separate medical conditions.	2-2.6	1-2	2-2.6	1-2
<u>Chapter 2, Section 4.2</u> , <i>Automatic Implantable Cardioverter – Defibrillator (AICD)</i> . Amends Related Authority; adds CPT Code(s); and adds to Exclusions that implantable cardioverter defibrillators for patients at high risk for sudden death from ventricular tachyarrhythmia who have not experienced a related life-threatening event is not a covered benefit.	2-4.2	1-2	2-4.2	1-2
<u>Chapter 2, Section 6.1</u> , <i>Digestive System</i> . Adds CPT codes and adds to Exclusions that endoscopic suturing, radiofrequency energy delivery, or implantation of inert polymers for treatment of gastroesophageal reflux disease is not a covered benefit.	2-6.1	1	2-6.1	1

<u>SUMMARY</u>	REMOVE <u>C-S</u>	INSERT <u>Pages</u>	<u>C-S</u>	<u>Pages</u>
<u>Chapter 2, Section 16.5,</u> <i>Experimental/ Investigational (Unproven) Procedures.</i> Removes USC and TRICARE references; amends Related Authority; and amends review date for intradiscal electro thermal therapy (IDET) for back pain to June 6, 2002.	2-16.5	1-6	2-16.5	1-6
<u>Chapter 2, Section 19.1,</u> <i>Musculoskeletal System.</i> Removes USC and TRICARE references; amends CPT codes; adds coverage for bunionectomy treatment to include Mitchell procedure, Lapidus procedure and phalanx osteotomy; and under Exclusions adds that percutaneous vertebroplasty is not a covered benefit.	2-19.1	1-7	2-19.1	1-7
<u>Chapter 2, Section 26.9,</u> <i>Positron Emission Tomography (PET).</i> Adds HCPCS codes; under Policy adds FDG PET after a negative initial diagnostic work-up for an occult primary tumor (OPT), to rule out or detect additional metastases for patients considering local or regional therapy, as part of treatment for a single site of metastasis carcinoma outside the cervical lymph nodes, and under Exclusions adds that the use of FDG PET as part of an initial work-up for an OPT or when there are multiple sites of metastases from an OPT is not a covered benefit.	2-26.9	1-4	2-26.9	1-4
<u>Chapter 2, Section 27.1,</u> <i>Integumentary System.</i> Amends Authority; deletes TRICARE Authority; adds Effective Date for electrical stimulation for treatment of stage III and IV pressure ulcers; and under Policy Considerations adds that electrical stimulation for stage III and IV pressure ulcers is a covered benefit.	2-27.1	1-5	2-27.1	1-5
<u>Chapter 2, Section 27.4,</u> <i>Cosmetic, Reconstructive and Plastic Surgery – General Guidelines.</i> Removes USC and TRICARE references; amends Related	2-27.4	1-5	2-27.4	1-5

<u>SUMMARY</u>	REMOVE	INSERT	
	<u>C-S</u>	<u>Pages</u>	<u>C-S</u> <u>Pages</u>
Authority; and under Definitions defines keloids, neoplasms and cosmetic, reconstructive and/or plastic surgery.			
<u>Chapter 2, Section 29.2</u> , <i>Assistant Surgeon</i> . Removes USC and TRICARE references; amends Related Authority; amends CPT codes; and adds to Exclusions that a registered nurse first assistant (RNFA) who serves as a assistant surgeon is not a covered benefit.	2-29.2	1-2	2-29.2 1-2
<u>Chapter 2, Section 35.1</u> , <i>Female Genital System</i> . Removes USC and TRICARE references; amends Authority; amends CPT codes; and under Limitations deletes hyperlinks.	2-35.1	1-3	2-35.1 1-3
<u>Chapter 3, Section 2.2</u> , <i>Deductible</i> . Removes USC and TRICARE references and under Exceptions adds that there is not a beneficiary deductible requirements for the Meds by Mail program.	3-2.2	1-2	3-2.2 1-2
<u>Chapter 3, Section 10.1</u> , <i>Anesthesia</i> . Amends Related Authority and adds CPT codes.	3-10.1	1-2	3-10.1 1-2
Codes Index. Amends index to add and delete codes referenced in policies.	1-26		1-28
Subject Index. Amends entire index to update and include policies reference in this transmittal.	E1 thru E-7 K-1 thru K-1 L-1 thru L-3 M-1 thru M-8 N-1 thru N-3 O-1 thru O-3 P-1 thru P-12 R-1 thru R-6		E-1 thru E-7 K-1 thru K-1 L-1 thru L-3 M-1 thru M-8 N-1 thru N-3 O-1 thru O-3 P-1 thru P-12 R-1 thru R-6

2. File this transmittal memorandum in the front of the CHAMPVA Policy Manual.

Susan Schmetzer
Chief, Policy & Compliance

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